

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table style="width: 100%;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/042,735</td> </tr> <tr> <td>Filing Date</td> <td>10-25-2001</td> </tr> <tr> <td>First Named Inventor</td> <td>TSOREF Liat</td> </tr> <tr> <td>Art Unit</td> <td>3737</td> </tr> <tr> <td>Examiner Name</td> <td>KISH, JAMES M</td> </tr> <tr> <td>Attorney Docket Number</td> <td></td> </tr> </table>	Application Number	10/042,735	Filing Date	10-25-2001	First Named Inventor	TSOREF Liat	Art Unit	3737	Examiner Name	KISH, JAMES M	Attorney Docket Number	
Application Number	10/042,735												
Filing Date	10-25-2001												
First Named Inventor	TSOREF Liat												
Art Unit	3737												
Examiner Name	KISH, JAMES M												
Attorney Docket Number													

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input type="checkbox"/> A Power of Attorney is submitted herewith.	
OR	
<input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <u>27317</u>	
<input type="checkbox"/> Please change the correspondence address for the above-identified application to:	
<input checked="" type="checkbox"/> The address associated with Customer Number: <u>27317</u>	
OR	
<input type="checkbox"/> Firm or Individual Name	
Address	
City	State Zip
Country	
Telephone	Email
I am the:	
<input type="checkbox"/> Applicant/Inventor.	
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
<b>SIGNATURE of Applicant or Assignee of Record</b>	
Signature	<b>BEAM-MED LTD.</b>
Name	<b>BEAM-MED LTD.</b>
Date	<u>10.10.09</u>
Address	<b>P.O. Box 1450, Alexandria, VA 22313-1450</b>
Telephone	<b>+972+3+5785555</b>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input type="checkbox"/> Total of _____ forms are submitted.	

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: BEAM-MED LTD.Application No./Patent No.: 10/042,735 Filed/Issue Date: 10-25-2001

Titled:

BEAM-MED LTD., a corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest in;
2. ☐ an assignee of less than the entire right, title, and interest in (The extent (by percentage) of its ownership interest is \_\_\_\_\_ %); or
3. ☐ the assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made) the patent application/patent identified above, by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 020419, Frame 0858, or for which a copy therefore is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

2. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

3. From: \_\_\_\_\_ To: \_\_\_\_\_

The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet(s).

☐ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

TAL MAROM  
Signature  
Printed or Typed Name

10.6.09  
DATE  
CEO  
TITLE

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public to which it is to be (and by the USPTO to process) the application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Communications for Patents, P.O. Box 1450, Alexandria, VA 22315-1450.

If you need assistance in completing the form, call 1-800-PTO-9193 and select option 2.